

Medical Assessments, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Carpal Tunnel Release, Right 64721

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The Reviewer is Board Certified in the area of Plastic Surgery with over 13 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male that was injured at work on xx/xx/xx. He was working dragging his shirt and pulled his hand into a belt perhaps. The R RF partially amputated. He had severe pain. X-rays demonstrated loss of distal aspect of the distal phalanx on the right finger.

Office visit. **Medications:** Flagyl 500mg. **PE:** Right middle finger with approximated laceration. Right ring finger with 2cm latera ablique laceration with significant distal phalanx loss and exposed bone. Near complete loss of nail complex.

Post Op visit. Referred to OT. **Medications:** Flagyl 500mg, hydrocodone, Lisinopril.

Telephone message. Claimant requested different nerve medicine.

Office visit. Claimant was seen for right shoulder pain. Reported significant pain in finger. Not on pain medicine at time of visit. **Current Medication:** Lisinopril 30mg, Ambien 12.5mg.

Office visit. Claimant reported not working and going to therapy. Very slow progress. Reported as his fingers improve, he feels the pain in his shoulder. **Medications:** Grallse 30 day, hydrocodone, Lisinopril, Lyica 75mg.

Post Op visit. Claimant reported still not making progress in therapy. Still complains of pain and stiffness. **Exam:** Stiffness of the MF/AF/SF globally. No edema. No paradoxical excision at the R RF PIPJ.

Office visit. **PE:** Right 4th finger healed stump, distal amputation DROM 4th finger and 3rd finger PIP and DIPJ.

Office visit. Claimant reported he has been going to therapy and has made little progress. Reported stiffness in the right hand.

Office visit. Claimant reported that he has pain in his neck and it radiates to his right hand. He complains of phantom limb pain. He describes it deep, achy, burning and pins and needles. Pain is improved with medications.

Office visit. Electrodiagnostic studies demonstrates right carpal tunnel syndrome, mild: no radiculopathy. Claimant continues to complain of pain and is taking narcotics. **PE:** There was paresthesia's in the hand. There was positive Durkan's at the right wrist and stiffness of the digits without atrophy and gross deformity.

Office visit. Diagnostic studies include an EMG nerve conduction study of the right upper extremity which revealed normal motor nerve conduction of the right median and ulnar nerves; delayed right median F wave; normal right ulnar F wave. Sensory nerve conduction of the right ulnar and superficial radial nerves. The exam concluded right sensory median nerve lesion at the wrist, consistent with a mild right carpal tunnel syndrome.

Letter. The claimant is in need of a carpal tunnel release that has been denied by xxxx continues to have pain and this has prevented him from returning not only to work but his normal life.

Office visit. Claimant is still with pain and associated paresthesia. Positive findings with carpal tunnel syndrome. He also has positive electrodiagnostic studies. Findings remain the same as when carpal tunnel release was requested 2 months ago.

Letter. is in need of carpal tunnel release. We are requesting another review for an appeal. He continues to have stiffness in his right hand, pain, numbness and weakness which is preventing him from returning to work as well as keeping him from returning to his normal life.

UR. Rationale for denial: The clinical information submitted for review fails to meet the evidence based guidelines for the requested services. Surgical history includes partial amputation, 3rd digit of the right hand; fusion of the DIP of the 2nd digit. Diagnostic studies include an EMG nerve conduction study of the right upper extremity which revealed normal motor nerve conduction of the right median and ulnar nerves; delayed right median F wave; normal right ulnar F wave. Sensory nerve conduction of the right ulnar and superficial radial nerves. The exam concluded right sensory median nerve lesion at the wrist, consistent with a mild right carpal tunnel syndrome. An official right finger x-ray exam on 1/29/2015, revealed there was an amputation of both the subcutaneous tissues and osseous structures seen along the distal aspect of the distal phalanx of the right digit; tiny avulsed fragments were seen overlying subcutaneous tissues distal to the base of the distal phalanx; no definite metallic foreign body was seen; no fracture of the base of the distal phalanx or involvement of the right fourth PIP joint. Other therapies include splinting, cortisone injections, and activity modification. Based on the clinical information submitted for this review using the evidence-based, peer-reviewed guidelines, this request is non-certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous determination has been upheld. Following review of the attached documentation, has mild carpal tunnel syndrome as evidenced by EMG/NCS. Although he has fulfilled several of the ODG indications for carpal tunnel release CPT 64721, there is no documentation of 2 point discrimination, phalens or tinels sign, Semees-Weinstein monofilament testing, activity modification for greater than one month, night time splinting, or home exercise training. Therefore, the request for Carpal Tunnel Release, Right 64721 is non-certified.

ODG Guidelines:

ODG Indications for Surgery™ -- Carpal Tunnel Release:

I. Severe CTS, requiring ALL of the following:

A. Symptoms/findings of severe CTS, requiring ALL of the following:

1. Muscle atrophy, severe weakness of thenar muscles
2. 2-point discrimination test > 6 mm

B. Positive electrodiagnostic testing

--- OR ---

II. Not severe CTS, requiring ALL of the following:

A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following:

1. Abnormal Katz hand diagram scores
2. Nocturnal symptoms
3. Flick sign (shaking hand)

B. Findings by physical exam, requiring TWO of the following:

1. Compression test
2. Semmes-Weinstein monofilament test
3. Phalen sign
4. Tinel's sign
5. Decreased 2-point discrimination
6. Mild thenar weakness (thumb abduction)

C. Comorbidities: no current pregnancy

D. Initial conservative treatment, requiring THREE of the following:

1. Activity modification >= 1 month
2. Night wrist splint >= 1 month
3. Nonprescription analgesia (i.e., acetaminophen)
4. Home exercise training (provided by physician, healthcare provider or therapist)
5. Successful initial outcome from corticosteroid injection trial (optional). See [Injections](#). [Initial relief of symptoms

can assist in confirmation of diagnosis and can be a good indicator for success of surgery if electrodiagnostic testing is not readily available.]

E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results] ([Hagebeuk, 2004](#))

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)